

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213544943					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE HALIFAX COUNTY-CITY OF SOUTH BOSTON SPORTSHALL OF FAME, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ALAN T GRAVITT 75 MAPLE AVE PO BOX 999 HALIFAX, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HALIFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: 03270642</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 4</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SOUTH BOSTON, VA 24592</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CARLYLE WIMBISH TITLE: PRESIDENT ADDRESS: POB 4 CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: CARLYLE WIMBISH TITLE: PRESIDENT ADDRESS: POB 4 CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	BOB CAGE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1020 Shanti Road		
CITY/ST/ZIP/CO:	South Boston, VA 24592		
NAME:	MASON DAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4171 Bill Tuck Highway		
CITY/ST/ZIP/CO:	South Boston, VA 24592		
NAME:	TOMMY ELLIOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2606 Halifax Road		
CITY/ST/ZIP/CO:	South Boston, VA 24592		
NAME:	A CONWAY GOODMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1069 Hummingbird Lane		
CITY/ST/ZIP/CO:	South Boston, VA 24592		
NAME:	ALLEN LAWTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2164 East Hycro Road		
CITY/ST/ZIP/CO:	South Boston, VA 24592		
NAME:	FRANK LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	102 Robinson Court		
CITY/ST/ZIP/CO:	South Boston, VA 24592		
NAME:	TOMMY LEGGETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1022 Golf Course Road		
CITY/ST/ZIP/CO:	Halifax, VA 24558		
NAME:	JAMES PRIEST	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2101 Asbury Church Road		
CITY/ST/ZIP/CO:	Vernon Hill, VA 24597		
NAME:	LENNIE RIDDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3242 Cowford Road		
CITY/ST/ZIP/CO:	Halifax, VA 24558		
NAME:	TODD TRICKEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 1057		
CITY/ST/ZIP/CO:	Halifax, VA 24558		
NAME:	BOBBY WILBORN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2146 Dan River Church Road		
CITY/ST/ZIP/CO:	South Boston, VA 24592		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOBBIE HILL DIRECTOR 2981 Chestnut Road Nathalie, VA 24577	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILL HILL DIRECTOR 2081 Chestnut Road Nathalie, VA 24577	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE CHANDLER DIRECTOR 606 Forest Drive South Boston, VA 24592	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ALAN GRAVITT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALAN GRAVITT, DIRECTOR PRINTED NAME AND CORPORATE TITLE	9/26/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			